

**APPENDIX B**

**HOUSING SERVICE FORMS**

STATUS OF HOUSING AVAILABILITY			
<b>1. FROM: Family Housing Office</b> <b>a. Installation Name</b> Military District of Washington		<b>2. TO: Applicant's Name (Last, First, MI)</b> Doe, Jane R.	
<b>b. Phone (DSN) (Commercial)</b> 226-3557/8 703-696-3557/8		<b>3. YOUR APPLICATION FOR MILITARY FAMILY HOUSING WILL BE EFFECTIVE (Day, Mo, Yr, Hour)</b> 16 July 1993	
<b>4. YOU ARE ADVISED THAT: a. You can expect military family housing to be available</b>			
<input type="checkbox"/> (1) Immediately upon your arrival		<input type="checkbox"/> (3) Within 12 months of your arrival	
<input type="checkbox"/> (2) Within approximately 30 days of your arrival		<input checked="" type="checkbox"/> (4) After 12 months or more, or not at all	
<b>4b. Considering the availability of family housing you should make alternative housing arrangements that will be</b>		<input type="checkbox"/> (1) Temp	
		<input type="checkbox"/> (2) Semi-Perm	
		<input checked="" type="checkbox"/> (3) Permanent	
<b>c. Comments</b>  P  II			
<b>5. HOUSING AVAILABILITY IN THE COMMUNITY IS:</b>		<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Limited
<b>6. YOU MUST CONTACT THE FAMILY HOUSING OFFICE (housing referral) UPON ARRIVAL BEFORE YOU MAKE HOUSING ARRANGEMENTS, AND TO BE INFORMED OF ANY CHANGES TO THE ABOVE.</b>			
<b>7. SIGNATURE (Family Housing Office Representative)</b> C. M. House		<b>8. DATE (Day, Month, Year)</b> 9 August 1993	

DD Form 1747, SEP 93

Previous editions are obsolete.

Figure B1. DD Form 1747

APPLICATION FOR ASSIGNMENT TO HOUSING <small>(Before completing form, read Privacy Act Statement and Instructions on reverse)</small>				1. TYPE SERVICE DESIRED (X one or both)	
				<input checked="" type="checkbox"/> A. MILITARY HOUSING	<input checked="" type="checkbox"/> D. HOUSING REFERRAL
<b>SECTION I - APPLICANT INFORMATION</b>					
2. NAME OF SPONSOR (Last, First, Middle Initial) <b>Doe, Jane R</b>		3. PAY GRADE <b>LTC</b>	4. SSN <b>999-99-9999</b>	5. DOD COMPONENT <b>Army</b>	
6. ADDRESS (Street, City, State, Zip Code) <b>Visiting Officers Quarters Bldg T-49 Ft Myer, VA 22211</b>		7. TELEPHONE NUMBER a. HOME (Area Code) <b>(703) 555-7094</b>	b. DUTY (DSN) <b>112-1547</b>	8. STATUS OF APPLICANT (X one) <input checked="" type="checkbox"/> a. MILITARY MEMBER <input type="checkbox"/> c. CIVILIAN <input type="checkbox"/> b. MILITARY SPOUSE <input type="checkbox"/> d. FOREIGN NATIONAL	
		9. MARITAL STATUS <b>Married</b>	10. I AM SEPARATED FROM MY DEPENDENTS (X one) <input type="checkbox"/> a. VOLUNTARILY <input type="checkbox"/> b. INVOLUNTARILY		
11. I REQUEST HOUSING FOR (X one) <input checked="" type="checkbox"/> a. SELF ONLY <input type="checkbox"/> b. SELF AND DEPENDENTS			<b>SECTION II - MILITARY CAREER INFORMATION (Civilians skip to Item 15.)</b>		
12. INSTALLATION OR ORGANIZATION TRANSFERRED FROM <b>Fort Bragg</b>			14. DATES (Enter in YYMMDD order.)		
13. INSTALLATION / ORGANIZATION TRANSFERRED TO <b>MDW/OASA (I, L &amp; E)</b>			10. EFFECTIVE RANK/RATE DATE <b>910128</b>		
			11. ACTIVE DUTY SERVICE COMPUTATION DATE <b>760704</b>		
			12. TIME REMAINING ON ACTIVE DUTY		
			13. EFFECTIVE CHANGE IN DUTY STATION <b>930716</b>		
			14. REPORT DATE <b>30802</b>		
			15. ESTIMATED FAMILY ARRIVAL DATE <b>930901</b>		
<b>SECTION III - DEPENDENT DATA</b>					
15. DEPENDENTS RESIDING WITH ME (If more space is needed, continue on plain paper.)					
a. NAME (Last, First, Middle Initial)		b. DATE OF BIRTH (YYMMDD)	c. SEX	d. RELATIONSHIP	e. REMARKS (Handicap, health problems, etc. zmd additions to family, etc.)
<b>Doe, John</b>		<b>0570616</b>	<b>M</b>	<b>Spouse</b>	
<b>Doe, Aethy</b>		<b>800229</b>	<b>F</b>	<b>Daughter</b>	
<b>SECTION IV - HOUSING DATA</b>					
16. COMMUNITY HOUSING DESIRED (X as applicable)					
<input type="checkbox"/> a. PURCHASE HOUSE		<input type="checkbox"/> d. RENT HOUSE		<input type="checkbox"/> g. RENT MOBILE HOME SPACE	
<input type="checkbox"/> b. PURCHASE CONDOMINIUM		<input type="checkbox"/> e. RENT APARTMENT		<input type="checkbox"/> h. SHARE	
<input type="checkbox"/> c. PURCHASE MOBILE HOME		<input type="checkbox"/> f. RENT MOBILE HOME		<input type="checkbox"/> i. RENT ROOM	
				<input type="checkbox"/> j. ROOM AND BOARD	
				<input type="checkbox"/> k. SUBLET	
				<input type="checkbox"/> l. TRANSIENT	
17. AMENITIES DESIRED (X as applicable Write number in d. code)					
<input checked="" type="checkbox"/> a. FURNISHED		<input type="checkbox"/> b. NO BATHS		18. DATE HOUSING NEEDED (YYMMDD) <b>ASAP</b>	
<input checked="" type="checkbox"/> c. UNFURNISHED		<input type="checkbox"/> f. PETS (Allowed)		19. PRICE RANGE (Community Housing) <b>\$950 - 1150</b>	
<input type="checkbox"/> d. AIR CONDITIONING		<input type="checkbox"/> g. OTHER (Explain)		20. LOCATION PREFERENCE (Community Housing) <b>Arlington Falls church or McLean</b>	
<input checked="" type="checkbox"/> e. NO BEDROOMS					
21. REMARKS  <b>Prefer one year lease with option to renew.</b>					
22. SIGNATURE OF APPLICANT <b>Jane R. Doe</b>				23. DATE SUBMITTED (YYMMDD) <b>930809</b>	
<b>SECTION V - DISPOSITION (To be completed by Housing Office)</b>					
24. MILITARY HOUSING					
a. APPLICATION RECEIVED (YYMMDD and time) <b>930809 0830</b>		b. APPLICATION EFFECTIVE (YYMMDD) <b>930716</b>		c. DD FORM 1747 PROVIDED (YYMMDD) <b>930809</b>	
d. APPLICANT PLACED ON WAITING LIST <b>3BR Field Grade</b>		e. EFFECTIVE PLACEMENT (YYMMDD) <b>930716</b>		f. DD FORM 1747 PROVIDED (YYMMDD) <b>930809</b>	
				g. BEDROOMS REQUIRED <b>2</b>	
				h. DATE UNIT ASSIGNED (YYMMDD) <b>930809</b>	
<b>SECTION VI - HOUSING REFERRAL CERTIFICATE</b>					
On this date I have received a listing of the housing restrictions approved by the Installation Commander, and I will not reside in any property on the restricted list, I have been briefed on (1) the services provided by the Housing Office, (2) the DoD program on equal opportunity for military personnel in off-base housing, and (3) nondiscrimination based on physical or mental handicaps.				In addition, if any facility refuses to rent or sell to me or I have reason to believe I am being discriminated against, I will promptly notify the Housing Office.	
25. SIGNATURE OF APPLICANT <b>Jane R. Doe</b>				26. DATE SIGNED (YYMMDD) <b>930809</b>	

DD Form 1746, SEP 93

Previous editions may be used

Figure B-2. DD Form 1746

# APPLICATION FOR ASSIGNMENT TO HOUSING

## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC 5911 & 5912.  
**PRINCIPAL PURPOSE:** To identify customer needs for ☐ s, stance ☒ nd housing requirements.  
**ROUTINE USE:** None.  
**DISCLOSURE:** Voluntary; however, failure to provide the requested information will result in our inability to assist you.

## GENERAL INSTRUCTIONS

This form provides the Housing Office with information that will be used to provide you with military and/or community housing. All items not listed are self-explanatory. SECTION I (APPLICANT INFORMATION), SECTION II (MILITARY CAREER INFORMATION), SECTION III (DEPENDENT DATA). ☒ nd SECTION VI (HOUSING DATA) ☒ re to be completed by the applicant. Information on military spouses is now being requested for Basic Allowance for Quarters (BAQ) entitlement which must be included on your Military Pay Order that is forwarded to your respective financial center.

### 1. TYPE SERVICE DESIRED

**Military Applicants:** If temporary community housing is desired while awaiting military housing, mark both boxes in Item 1, and answer all questions.

Civilian Applicants Mark the box "Housing Referral" services in Item 1b, and answer all questions.

## SECTION I - APPLICANT INFORMATION

### 5. DOD COMPONENT

Army, Navy, Air Force, etc

### 6. ADDRESS

Enter complete current address (street number and name, apartment number, city, state/country and the 9-digit ZIP code).

### 12. INSTALLATION/ORGANIZATION TRANSFERRED FROM

Enter the name of the installation you transferred from.

### 13. INSTALLATION/ORGANIZATION TRANSFERRED TO

Enter the name of the installation to which you are applying for housing. Include the name of the Organization/Department you will be assigned to.

## SECTION II. MILITARY CAREER INFORMATION

### 14. DATES (Military Applications/Military Spouse Only)

Enter dates in order of YYMMDD. (May 17, 1993, would be entered as 930517).

a. Enter the date your current rate/rank was effective.

b. Enter your active duty service computation date.

c. Enter the time (in months) that you have remaining on active duty.

d. Enter the effective date you were dropped from accountability at your previous duty station and gained on the rolls at your new duty station for record purposes. For overseas assignment, enter your date of departure from CONUS.

e. Enter your official report date (from your PCS orders).

f. Enter your estimated arrival date.

## SECTION III - DEPENDENT DATA

### 15. DEPENDENTS RESIDING WITH ME

a. through d. List requested data for all authorized dependents who will be residing with you.

e. Provide the Housing Office with information regarding any handicapped dependent or special family health problems that might influence your preference for a particular type of housing, i.e., single level vs., two story, ramps for wheelchairs, expected additions to family, etc.

## SECTION IV - HOUSING DATA

16.-21. self-explanatory.

### 22. SIGNATURE

The applicant must sign the DD Form 1746.

### 23. DATE SUBMITTED

Enter the date the application was submitted to the Housing Office.

## SECTION V - DISPOSITION (To be completed by the Housing Office)

### 24. MILITARY HOUSING

a. Application Received. Enter the year, month, day and time the application was received in the Housing Office.

b. Application Effective. Enter the date of change of duty station (if applicable) or other date that will be the effective (control) date.

c. DD Form 1747 Provided. Enter the date that the DD Form 1747 was sent to the military applicant.

d. Housing Availability. Enter the item letter for the applicable box under Item 4 of the DD Form 1747 returned to the applicant.

e. Applicant Placed on Waiting List. Enter the identification of the assignment waiting list(s) to which the applicant is placed.

f. Effective Placement. The effective date and time of the applicant's placement on the list(s).

g. Bedrooms Requirement. Enter the number of bedrooms required, based on dependent data in Item 15.

h. Date Unit Assigned. Enter the date the unit was assigned.

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Figure B2. DD Form 1746